

Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by Mitsui Smitomo Insurance Group.

How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker	Company	Individual
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A. Insured's details

1. Insured's name			
2. Policy number		3. Expiry date (dd/mm/yyyy)	
4. Address			
5. Phone	Work	Mobile	
6. Email address			
7. Vessel details:			
Name		Year Built	
Registration number		Registration expiry (dd/mm/yyyy)	
Please attach a copy of the certificate of survey, safe ship management certificate and a copy of the registration which was current at the date of the loss or damage and tick to indicate enclosure.			Enclosed ☐

B. Skipper and crew

1. Skipper's name			
2. Address			
3. Occupation			
4. Skipper's licence no.		5. Expiry date (dd/mm/yyyy)	
6. How long has the skipper held a licence?			
7. Has the licence ever been endorsed or suspended, or has the skipper ever been convicted of any maritime offence?			Yes ☐ No ☐
If 'Yes', please provide details.			

B. Skipper and crew

8. Please attach a copy of the skipper's licence which was current at the date of the loss or damage.

Enclosed ☐

9. For what purpose was the vessel being used at the time of the accident?

10. If someone other than the skipper was in control of the vessel, please provide details.

11. Had the skipper consumed any drugs or alcohol within the 24 hours prior to the incident?

Yes ☐ No ☐

12. Vessel name(s)

13. Please provide details of the qualifications and experience of all crew (use a separate sheet of paper if necessary).

C. Accident

1. When did the accident occur?	Date (dd/mm/yyyy)		Time		am ☐	pm ☐
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2. If after sunset, were the navigation lamps on?	N/A ☐	Yes ☐	No ☐
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3. Where did the accident happen?

4. Conditions	Sea		Weather		Visibility	
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5. Estimated speed of the vessel at the time of the accident:

6. State clearly how the accident occurred.

7. Please provide a sketch showing the positions and wakes of vessels concerned as clearly as possible.
Give measurements where possible.

D. Damage

1. Please describe all the damage to your vessel.

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2. Estimated cost of damage	\$	
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3. Have quotations for repair been obtained?	Yes ☐ No ☐
If 'Yes', please attach the quotation(s) and tick to indicate enclosure.	Enclosed ☐

4. If you were in a collision with another vessel, please provide the following details:

(a) Registration number		
(b) Owner	Name	
	Address	
(c) Skipper	Name	
	Address	

5. If damage was caused to third-party property other than that identified in D4 above, please provide the details below.

(a) Description of the property damaged			
(b) Nature of damage			
(c) Estimated cost of damage	\$		
(d) Owner	Name		
	Address		

E. Injured persons

1. What was the injured person doing (eg passenger, swimmer, water skier etc.)?

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2. Injured person	Name		Age	
	Address			
3. Nature of their injuries				
4. Attending	Hospital			
	Doctor			

5. Remarks as to their condition

F. Witnesses/authorities

1. Please provide names of all the passengers in the insured vessel.

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F. Witnesses/authorities				
2. Were they paying passengers?				Yes ☐ No ☐
3. Independent witnesses				
4. Was the incident reported to:				
(a) the Maritime Safety Authority?		Yes ☐	No ☐	Date (dd/mm/yyyy)
(b) the Police?		Yes ☐	No ☐	Date (dd/mm/yyyy)
If 'Yes', advise names of contacts				
Station/office				
5. Is any action pending?				Yes ☐ No ☐
If 'Yes', state against whom				
G. General				
1. Are you of the opinion that the accident was caused or contributed to by the fault or negligence of your skipper?				Yes ☐ No ☐
If 'No', then who?				
Why?				
2. Did your skipper admit liability?				Yes ☐ No ☐
3. Did a third party admit liability?				Yes ☐ No ☐
4. Has any claim/demand been made against you?				Yes ☐ No ☐
If 'Yes', by whom and for what amount?			\$	
Please attach all such demands and correspondence and tick to indicate enclosure.				Enclosed ☐
5. Have any steps been taken to compromise or settle the matter?				Yes ☐ No ☐
If 'Yes', how and by whom?				
6. Is the owner of the other vessel insured?				Yes ☐ No ☐
If 'Yes', who is their insurer?				
7. Where can the damaged vessel be surveyed?				
Contact	Name		Phone	
	Email address			

Declaration

Has this declaration been read to the insured?

Yes ☐ No ☐ (A claim form may still be required)

- (a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect MSIG's consideration of the claim.
- (b) If any personal information is provided, I/We understand that:
- (i) This information will be collected, held, used and disclosed by MSIG (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration, and for data analytics. Further details are set out in MSIG's privacy policy available at <https://www.msi-oceania.com/privacy>.
- (ii) If I/We do not provide the information requested, then MSIG may be unable to provide products or services.
- (iii) Where I/we have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so.
To request access to or correction of personal information, please see <https://www.msi-oceania.com/privacy>.
- (c) MSIG is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise MSIG to obtain, from any other party, information that is, in MSIG's view, relevant to this claim.

Signed by applicant		Date (dd/mm/yyyy)	
Printed name		Phone	
Position		Mobile	
Email address			



We are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code.
Further information on the Fair Insurance Code can be found at www.icnz.org.nz